

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023073

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

1 Primary Registration District No. 3000

Registrar's No. 216

STATE FILE NUMBER

FILED JUN 24 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkville

Length of stay in 1b

3 1/2 Months

c. FULL NAME OF (If NOT in hospital, give location)

Laughlin Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Macon

Inside Limits

Yes ☒ No ☐

c. CITY

Elmer

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

ELIZABETH

Middle

(nmn)

McDAVITT

4. DATE OF DEATH

Month

Day

Year

June 15, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/16/21

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

Hours

Min.

11 29 -- --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (City and state or country)

Elmer, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John M. Surbeck

13b. MOTHER'S MAIDEN NAME

Dorothea Sorg

14. NAME OF HUSBAND OR WIFE

Thomas W. McDavitt

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes; no; or unknown) (If yes, give war or dates)

no

Y NO.

17. INFORMANT

Address

John L. Surbeck, Elmer, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

years-chronic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Mitral Valvular Disease

years

DUE TO (c)

Pneumonia & Pleural Effusion

2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-5-63

to 6-15-63

and last saw her alive on 6-15-63

Death occurred at

12:00 noon

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dora E. Hanger D.O.

22b. ADDRESS

Kirkville, Missouri

22c. DATE SIGNED

6/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

17 June 63

23c. NAME OF CEMETERY OR CREMATORY

La Plata Cemetery

23d. LOCATION (City, town, or county)

La Plata, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, La Plata, Mo.

25. DATE RECD. BY LOCAL REG.

June 19, 1963

26. REGISTRAR'S SIGNATURE

Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0017

2 0610

3

4 1

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9 410X

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12 3-2

13 1-0

JUN 28 1963

GRACE SAWYER, D.O.

Permit issued June 15, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address

Le Platte, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.